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APPLICATION NO.	NO. FILING DATE			FIRST NAMED INVEN	TOR	ror A		RNEY DOCKET NO.	CONFIRMATION NO.		
09/900,355 07/06/2001				H. Craig Dees			PHO-122	5998			
FITLE OF INVENTION	: MEDICAMENTS FOR	CHE	MOTHERAPEUTI	C TREATMENT OF	DISI	EASE					
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO		\$1510	\$300		\$0		\$1810	11/20/2009		
EXAMINER ART UNIT			CLASS-SUBCLASS								
EPPS -SMITH, JANET L			1633	424-009370							
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	lless an assignee is ident th in 37 CFR 3.11. Com	pletion	of this form is NO	T a substitute for filir	ıg an	assignment.	יטו ואר	ΓD <b>V</b> \			
(A) NAME OF ASSIGNEE  Provectus Pharmatech, Inc.				(B) RESIDENCE: (CITY and STATE OR COUNTRY)  Knoxville, Tennessee							
Provectus	s Pharmatech,	THC	•	KHUXVII					<b></b>		
Please check the approp	riate assignee category o	r categ	ories (will not be p	rinted on the patent):		Individual 🗷 C	orporat	ion or other private gro	up entity  Gover	nment	
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a. Applicant clair	ns SMALL ENTITY stat	us. Sec	37 CFR 1.27.					attorney or agent; or th		party in	
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Authorized Signature	Ml 1.10	1		And the second s		Date	pp	inhol, 2	109		
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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